



ANIMATING WARKWORTH BY NIGHT

**REGISTRATION FORM for any and all classes April 7-May 3rd,
2018**

I am registering my child:
(NAME) _____

for Bhangra ___ Belly Dancing ___ Bollywood ___

Giant Puppet choreography ___ Mask & Costume choreography ___

**PLEASE PROVIDE THE FOLLOWING CONFIDENTIAL
INFORMATION:**

Date of Birth _____

Health Card # _____

Doctor's Name _____

Doctor's Phone # _____

CONTACT INFORMATION:

Parent/Guardian name: _____

Email _____

Mailing Address _____

Phone #'s:

Home _____ Work _____ Cell _____

ALTERNATE CONTACTS IN CASE OF EMERGENCY:

1. Name: _____

Relationship: _____

Phone #'s:

Home _____ Work _____ Cell _____

2. Name: _____

Relationship: _____

Phone #'s:

Home _____ Work _____ Cell _____

HEALTH INFORMATION: Does your child have any medical/developmental/physical/behavioural/emotional conditions or concerns? (*Continuing emotional or behavioural problems may result in the child being removed from classes at the discretion of staff.*)

Does your child take any on-going medication? _____

If yes, please describe:

Does your child have any life threatening allergies to medication/food/insect bites? _____

If yes, please describe and list reactions to watch for:

Does your child carry an EPI Pen or ANA kit? _____ (*We cannot guarantee an allergen free environment.*)

Date _____

Parent/Guardian Signature _____

